



Abstract ID : 17

STATUS OF MATHARI NATIONAL TEACHING AND REFERRAL (MNTRH) WORKPLACE MENTAL WELLNESS: A BASELINE EMPLOYEE NEEDS ASSESSMENT SURVEY

Content

Background/Aim: Employee wellness is recognized as a critical component of workforce productivity, retention, and organizational culture. Mathari National Teaching and Referral Hospital (MNTRH), Kenya's premier psychiatric hospital, conducted a baseline needs assessment survey to address the critical gaps in staff wellness and inform the design of a comprehensive Employee Wellness Program.

Methods: A needs assessment was conducted between 22 August and 7 September 2024 using an eight-page online Google Form. The tool was reviewed, pre-tested and approved by the hospital administration. Data collected included staff demographics, health status, insurance coverage, awareness of wellness resources, and perceptions of leadership and work culture. Descriptive statistics were generated to summarize frequencies and proportions. Participation was voluntary, and confidentiality was assured.

Results: A total of 155 staff members (<50% of MNTRH workforce) participated. Respondents were mainly female (73.5%), married (69.7%), and aged 30–39 years (32.3%). Nursing staff constituted the largest cadre (42.6%). Most had worked at MNTRH for 5–10 years (32.3%). A majority (69%) lived in rental housing, with 36.2% commuting >20 km to work and 50.3% preferring to stay in hospital quarters. Health indicators revealed that 10.3% reported medical absenteeism (4.5% was mental health related), and 47.1% experienced work related stress. Although 98.1% had medical insurance (mainly NHIF), only 60.6% reported coverage for both physical and mental illness. Notably, 83.9% expressed preference for a dedicated staff clinic. Awareness of wellness resources was limited: 65.2% were unaware of ongoing wellness talks, 93.5% lacked access to fitness amenities, and 70.3% reported absence of team building activities. Only 5.2% acknowledged EAP availability, 11.6% had received welfare contributions, while only 20% believed counselling services were confidential. Leadership and culture indicators were concerning: 50.3% reported unmanageable workloads, 54.8% felt senior leaders did not support wellbeing, and 60.6% stated leaders did not model work life balance. Stigma around mental health persisted, with 78.1% unable to discuss challenges freely with colleagues. Flexible work arrangements were reported by 55.5%, but 71.6% noted absence of formal complaint mechanisms.

Conclusion: The baseline survey highlights significant gaps in employee wellness support at MNTRH, particularly in mental health services, leadership engagement, and access to structured wellness initiatives. Staff underscored the urgent need for institutional investment in a comprehensive Employee Wellness Program to strengthen wellbeing, reduce burnout, and enhance service delivery in Kenya's leading mental health referral hospital. Findings from the baseline assessment have already informed policy priorities and guided the design of a tailored wellness program.

Recommendation: To ensure sustainability and responsiveness, MNTRH should conduct regular employee wellness assessments every 2–3 years. This will enable continuous monitoring, refinement of interventions, and alignment of wellness strategies with evolving staff needs and institutional priorities.

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Track Classification: Workplace Mental Health and Organizational Well-being

Contribution Type: Poster Presentation

Comments:

We would be happy to be upgaraded to Oral Presentation if the opportunity arises.

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